



Company Financial Statement

Name of Licensee/Applicant: _____

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

Financial conditions at close of business on ____/____/____ (mm/dd/yy)

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
TOTAL CURRENT ASSETS	\$ _____	TOTAL CURRENT LIABILITIES	\$ _____
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	TOTAL LIABILITIES	\$ _____
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe): _____	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____



Company Financial Statement

CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold \$
As Guarantor or Endorser for \$
For Merchandise Consigned by Suppliers \$
Otherwise (describe) \$
Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$
To whom?
With Recourse? Yes ☐ No ☐

COMMITMENTS:

Approximate Purchase Commitments \$
Approximate Unfilled Orders on Hand \$
Describe any other unusual commitments

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

OPERATING RECORD FROM ____/____/____ (mm/dd/yy) TO ____/____/____ (mm/dd/yy):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period \$
Cost of Goods Sold \$
Gross Profit \$
Selling Expense \$
Administrative Expense \$
General Expense \$
Total Operating Expense \$
Operating Profit \$
Other Income \$
Total Income \$
Other Deductions \$
Federal & State Income Tax \$
Total Deductions \$
Net Profit \$

Reconciliation of Surplus:
Surplus at beginning of period \$
Net Profit \$
*Surplus Credits \$
Total \$
Dividends Paid \$
*Surplus Debits \$
Surplus as of this statement date \$

*If Surplus Adjustments involve important transactions please give details below:

Total Depreciation and Amortization included in above statement \$
Deductions for Bad Accounts included in above statement \$
Salaries to Executive Officers included in above statement \$

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



Company Financial Statement

RENTAL:Does company rent? Yes ☐ No ☐

Present monthly rental paid \$ _____

Date of expiration of lease ____ / ____ / ____

CORPORATE INFORMATION: Under laws of what state are you incorporated? _____Are all franchise taxes current? Yes ☐ No ☐Are you authorized to do business in Arizona? Yes ☐ No ☐Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares _____ Outstanding _____ Par value \$ _____

Year last div. paid _____ Annual rate if established \$ _____ No. of authorized pfd. shares _____

Outstanding _____ Par value \$ _____ Dividend preference \$ _____ Cumulative? _____

Div. Pd. to _____

Please list any trade styles used by the corporation _____

SCHEDULE 1 - INSURANCE

Fire Insurance:	\$	Liability Insurance:	\$
On Merchandise	\$	Public Liability on Owned Autos	\$
On Mach'y, Equipt. and Fixtures	\$	Property Damage on Owned Autos	\$
On Buildings	\$	P.L. and P.D. on Non-owned Autos	\$
		Building & Elevator Pub. Liab.	\$

Check all that are applicable to the coverage the corporation carries:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Explosion Ins. | <input type="checkbox"/> Steam Boiler | <input type="checkbox"/> Auto Fire, Theft | <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Riot and Strike | <input type="checkbox"/> Auto Collision | <input type="checkbox"/> Workmen's Comp | <input type="checkbox"/> Robbery or Burglary | <input type="checkbox"/> Machinery Breakdown |

Is the extended coverage endorsement attached to fire policies?

Yes ☐ No ☐

Do any policies contain a coinsurance clause?

Yes ☐ No ☐

Basis _____ %

Is any insurance on a monthly reporting basis?

Yes ☐ No ☐

Are employees having custody or control of property adequately bonded?

Yes ☐ No ☐

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 - SECURITIES OWNED Please attach separate schedule if needed.

Stock -Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly Div.



Company Financial Statement

SCHEDULE 4 - REAL ESTATE AND BUILDINGS Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____

Are taxes delinquent on any of your properties? ____ If so, please give amount and details _____

SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal or interest are delinquent, please give details _____

Has foreclosure been instituted? _____ Details _____

SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.



Company Financial Statement

SCHEDULE 7 - PRINCIPAL SUPPLIERS Please list concerns from which you buy large quantities and approximate amount due them on statement date

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement.

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief.

Date

Print Name (Officer/Owner on file with AzDFI)

Signature (Officer/Owner on file with AzDFI)

Telephone

Fax

Email